

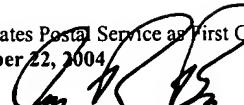


PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:) Examiner: Reena Aurora
Name: Guenter W. Brune et al.) Art Group: 2862
Serial No. 10/828,391) Att. Docket No.: DCI-20C3
Filed: April 19, 2004) Date: November 22, 2004
For: FLUX PLANE LOCATING IN AN)
UNDERGROUND DRILLING SYSTEM)

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 22, 2004.

Signed: 
Jay R Beyer

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

- Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established
 No additional fee is required.
 Postcard included

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	NON- SMALL ENTITY
Total Claims	* 20	Minus	**20	0	
Indep. Claims	* 2	Minus	*** 3	0	
First Presentation of Multiple Dependent Claim(s)					
	*	If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.			
	**	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.			
	***	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.			
				Rate	Additional Fee
				x 9	\$ 0
				x 44	\$ 0
				+150	\$
				Total	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

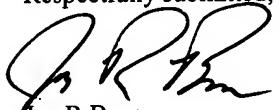
Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).

Enclosed please find PTO form PTO-2038 authorizing credit card payment of \$180.00 to cover the Information Disclosure Statement fee.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. DCI-20C3) (a duplicate copy of this sheet is enclosed):

- Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
 Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,



Jay R Beyer
Registration No. 39,907